



August 16, 2006

Ms. Stephanie Cushing, CHMM, REHS, MSPH
Senior Environmental Health Inspector
San Francisco Department of Public Health
Local Oversight Program
1390 Market Street, Suite 210
San Francisco, CA 94102

**SUBJECT: REPORT ON THE CLOSURE OF ONE MONITORING WELL AT 218-220 CLARA STREET
SAN FRANCISCO, CALIFORNIA.
LOP SITE NUMBER: 11633**

Dear Ms. Cushing:

Golden Gate Tank Removal, Inc. (GGTR) is pleased to submit this report on the closure of one monitoring well MW-1 located at 218-220 Clara Street, San Francisco, California. The monitoring well is a 2-inch casing and 15-foot deep well. A copy of the well log is attached.

On June 15, 2006, GGTR, in collaboration with BC² Environmental Corporation (C-57 License Number 686255), over-drilled MW-1 using a limited access drill rig with an 8-inch-diameter hollow stem augur. Drill cuttings were stored in a 55-gallon drum and subsequently disposed of at a State-licensed Class II landfill facility. A copy of the disposal manifest is attached. The over-drilled borehole was closed in place by tremie grouting with Type I/II cement, and the overlying concrete sidewalk was replaced pursuant to Department of Public Works permit specifications. A Site Map showing the location of the former well is also attached.

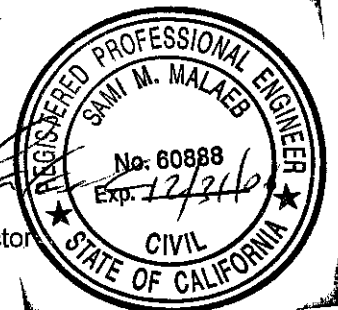
Thank you for your cooperation. Please contact us at (415) 512-1555 if you have any questions or comments.

Sincerely,
Golden Gate Tank Removal, Inc.

Brent A. Wheeler
Project Engineer

Reviewed by:

Sami Malaeb, P.E.
Environmental Director



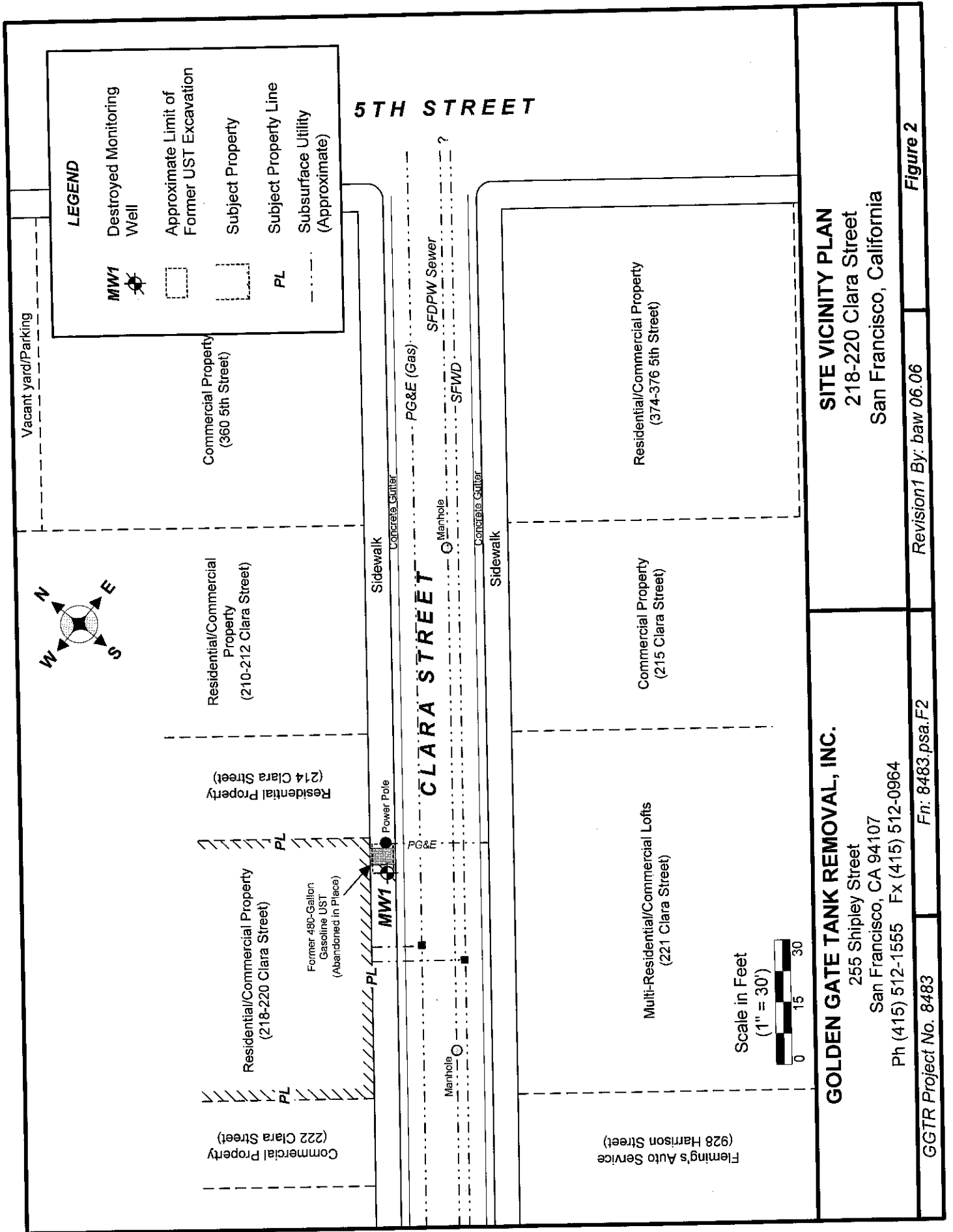
cc: Mr. John Scariot, 8850 El Doric Court, Gilroy, California, 95020

FIGURE

Attachments:

- A Well Closure Permits and San Francisco Department of Public Health Letter
- B Well Log and Survey
- C DWR Report
- D Waste Manifest

FIGURE



ATTACHMENT A
WELL CLOSURE PERMITS
AND
REGULATORY LETTER



City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH

Willie L. Brown, Jr., Mayor
Mitch Katz, M.D.
Director of Health

ENVIRONMENTAL HEALTH MANAGEMENT

Application For Well Construction
Well Destruction or Soil Borings

Application Date: 5/25/06 Starting Date: 6/15/06 Completion Date: 6/22/06

Job Address/Location: 218-220 CLARA STREET

TO BE COMPLETED BY OWNER, CONSULTANT OR DRILLER

Property Owner	Well Owner (If Different)	Consultant /Engineer/Geologist Name
<u>JOHN SERRIOT</u>		<u>CTR</u>
Address	Address	Address
<u>2850 EL DORADO CT.</u>		<u>2850 SNIPEL ST.</u>
City, State, Zip	City, State, Zip	City, State, Zip
<u>GILROY, CA 95020</u>		<u>SF, CA 94107</u>
Telephone Number	Telephone Number	Telephone Number
<u>408-842-1116</u>		<u>415-512-1555</u>

Please indicate Type and Number of Proposed Wells/Borings

Geotechnical Investigation:

- ☐ Exploratory Wells
☐ Cathodic Wells
☒ Cone Penetrometer Test
☐ Other: _____

Environmental Investigation:

- ☐ Exploratory Holes
☐ Water Extraction Wells
☐ Vapor Extraction Wells
☐ Hydropunch

Monitoring Wells Construction

- ☐ Chemical Leaks
☐ Compliance Well
☐ Baseline Study
☒ Well Destruction

Topographic Features Well is to be constructed:

- ☒ In a Public Sidewalk ☐ In a Public Road ☐ On Private Property ☐ On City Property

Construction Specifications: NA

Diameter of Well Casing: _____ Annular Seal Depth: _____

Gauge of Casing: _____ Annular Seal Material: _____

Casing Depth: _____ Other Information: _____

Destruction Specifications: Well Diameter: 2 Approximate Depth: 15'

Materials and Procedures to be Used: OVER-DRILL USING 8"-ODD AUGER +

REMOVE CASING + WELL CONSTRUCTION MATERIAL; TREAT

GROUT W/ NEAT PORTLAND CEMENT; REPLACE SIDEWALK

WELL LOCATION: On the following site plan accurately draw the well location. (Recommend Assessor's Map)

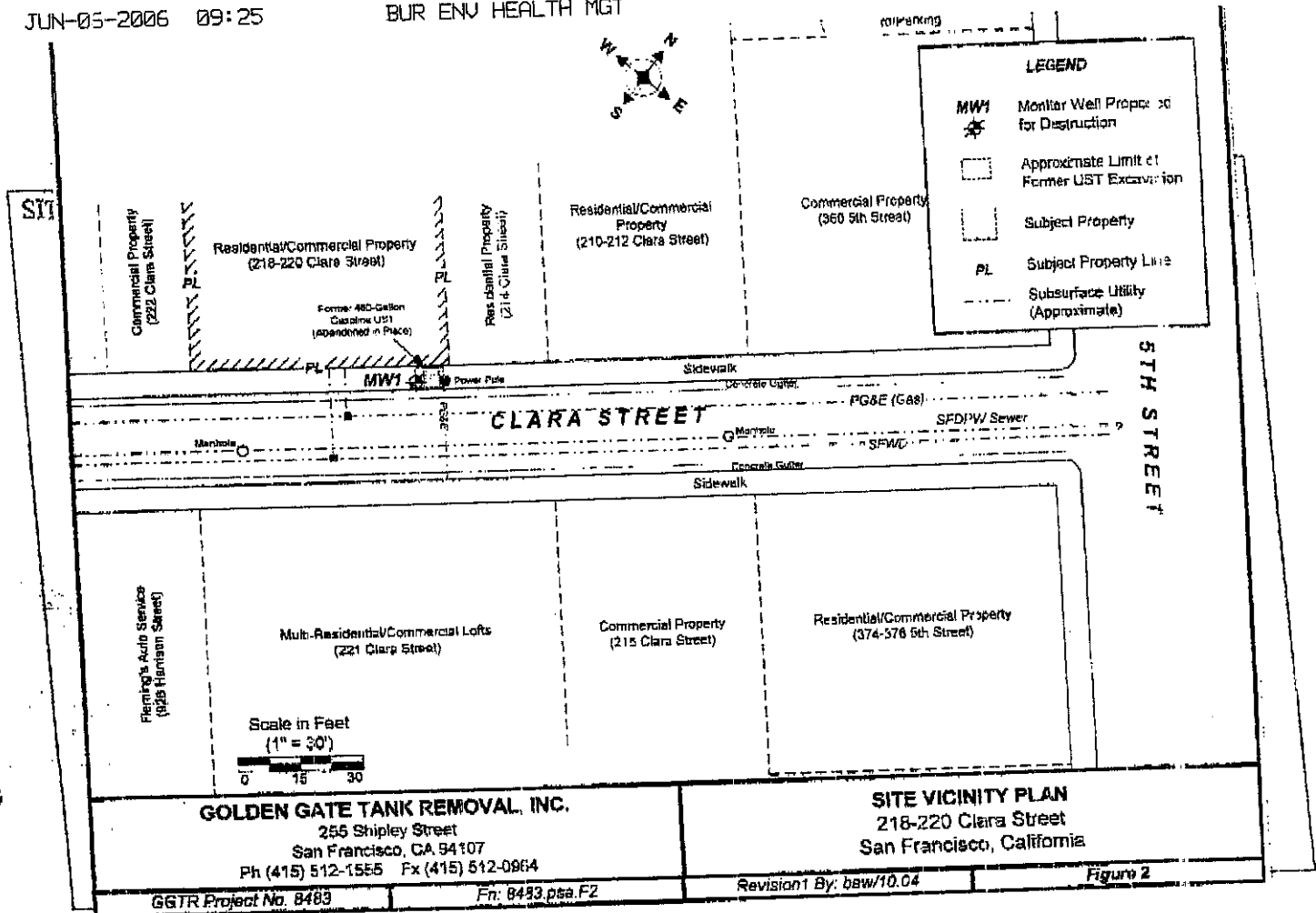
1. Sketch well location to scale, show dimensions to nearest foot.
2. Show a minimum of two dimensions at right angles. Dimensions shall be from the centerline of the closest named street, road or highway.
3. Show location of any existing wells.

WELLS

1390 Market Street, Suite 210
San Francisco CA, 94102

Phone (415) 252-3947
fax (415) 252-3894

SCALE TO 1" = 30'



CERTIFICATION BY WELL OWNER/AGENT AND DRILLER/AGENT:

I certify the information above is correct to the best of my knowledge. I certify that the well will be constructed in compliance with the conditions this permit, the San Francisco Health Code and, if applicable, the Hazardous Materials Permit & Disclosure Ordinance of the City/County. It is my responsibility as the responsible party to notify this Section of any changes in the purpose of this well from that which is indicated on this application form.

If proposed well is to meet compliance with a Hazardous Materials Permit & Disclosure Ordinance, has the Hazardous Materials Unified Program been contacted: ☐ Yes ☐ No

BC² ENVIRONMENTAL CORP

Name and Address of Well Driller/Company

10000 BAYVIEW STREET, SAN LEANDRO 94577

Signature of Responsible Professional

(NO substitution of Signature will be accepted)

Date

5/25/06

C-57 Driller's License Number

60888

Civil Engineer Registration Number or Engineering Geologist Certificate Number

Based on information on the application and attachments(s) hereto (if any) and subject to approval noted below, permission is hereby granted to commence the described project. Permission to start may be withheld until a field check verifies all statements made on application by Permittee and is also subject to any "General" and "Special" conditions attached.

To be completed by Well Section Staff:

Project # 3432 Date Approved 6/6/06

Number of Wells: 1 Number of Soil Borings: 1

This project to construct/destroy is
This project to construct/destroy is

APPROVED ☒

DISAPPROVED ☐

Inspector

[Signature]



PERMIT TYPE	Boring/Monitoring Well
PERMIT NO.	06BW-0025
LOCATION	218 - 220 CLARA ST
ZIP 94107	BLOCK NO. 3753 LOT 060

Sq. Footage of Trench/Excavation: 2" dia x 15' deep

****When drilling/excavation in sidewalk area, entire flag(s) must be replaced.****

Permission, revocable at the will of the Director of Public Works, to excavate and restore the street(s) in compliance with the rules and regulations as set forth in Article 8 of the Public Works Code, for the purpose of (be specific, please):

One (1) well destruction located at 218-220 Clara Street in the sidewalk frontage.

is hereby granted to:

PERMITTEE:

Name/Bond Holder: GOLDEN GATE TANK REMOVAL

Address: 255 Shipley Street
San Francisco, CA 94107

Phone: (415) 512-1555

Inspection Fee: \$77.42

Street Space Fee: \$161.98

Street Space/Receipt No. 18397

The permittee shall obtain all necessary permits from the Bureau of Environmental Health, 101 Grove Street. Room 217, telephone 554-2770.

THE PERMITTEE HEREBY AGREES TO COMPLY WITH ALL REQUIREMENTS NOTED ON REVERSE SIDE OF THIS PERMIT

**CALL FOR INSPECTION
72 HOURS PRIOR TO
EXCAVATION AND POURING
CONCRETE: 554-7149**

USA #

AWS ☐ YES ☐ NO

RESURFACED ST ☐ YES ☐ NO

\$25,000 BOND ☒ YES ☐ NO

ESTIMATED DATES

Starting 6/15/2006

Completion 6/22/2006

APPROVED:

Fred V. Abad, P.E.
Director of Public Works

By:

Plan Checker

CC

Date: 6/9/2006

Signature of Permittee

Date



City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH

Gavin Newsom, Mayor
Mitchell H. Katz, M.D.
Director of Health

OCCUPATIONAL & ENVIRONMENTAL HEALTH

May 24, 2006

John Scariot
8850 El Doric Court
Gilroy, California 95020

Subject: Work Plan for Closure of One Monitoring Well
Property
218-220 Clara Street, San Francisco
LOP Site Number: 11622


Dear Mr. Scariot:

The San Francisco Department of Public Health, Local Oversight Program (DPH-LOP) has reviewed the "Work Plan for Closure of One Monitoring Well" submitted on your behalf by Golden Gate Tank Removal, Inc. (GGTR). The work plan proposes to close one groundwater monitoring well by over-drilling the well. All over-drilled materials will be disposed of at a regulated landfill. The borehole will be filled with Type I/II cement grout and the area will be resurfaced.

DPH-LOP approves the work plan. Please contact Larry Kessler, Inspector-Water Quality section for the required permit at (415) 252-3841. Please contact me at least 72 hours in advance to schedule the required inspection.

Should you have any questions, please contact me at (415) 252-3926.

Sincerely,


Stephanie K.J. Cushing
Senior Environmental Health Inspector

cc: Brent Wheeler, GGTR

ATTACHMENT B

WELL LOG

LOG OF BORING B1-MW1

Depth (fbg)	Recovery/ Sample ID	Blow Counts (#/6")	Organic Vapor (ppm)	USCS Soil Type	Description	Well Construction Detail
1					Concrete (4")	12" Well Box
					UST excavation backfill material. Moist, moderate to dark yellowish brown (10YR 5/4, 4/2) silty, gravelly SAND with rock and cobble fragments	Concrete (0'-1.0')
5	8483 B1-5.5	0		SM	Same	Portland Cement Seal (1.0'-2.5')
	8483 B1-7.5	0			Moist-to-wet, dark gray (N3) silty fine-grained SAND with slight hydrocarbon odor	Hydrated Bentonite Chip Seal (2.5'-4.0')
10	8483 B1-9.5	0			Wet, dark gray (N3) silty, fine-grained SAND with slight hydrocarbon odor	2"-Diameter Sched. 40 Blank PVC Casing (0.4'-5')
	NR					2"-Diameter Sched. 40 Screened (0.010 inch) PVC Casing (5'-15')
15	8483 B1-13.5	0			Same	#2/12 Silica Sand (4'-15')
					Total Boring Depth = 15 fbg Total Well Depth = 15 fbg	8 Inches
20						
25						

BORING NUMBER: MW1
LOCATION: 218-220 Clara Street
 San Francisco, CA
PROJECT NO: 8483
DRILLING CONTRACTOR: Gregg Drilling & Testing
DRILLING METHOD: 8-in. HSA
DRILLING DATE: Septemeber 30, 2004

Logged By: B. Wheeler Checked By: M. Youngkin

Legend/Notes:

fbg = feet below grade; toc = top of well casing
 ppm = parts per million; NR = no sample recovery
 ☒ = sample interval
 ☐ = sample retained (6 inches)
 ▼ = Depth to static groundwater measured from grade October 7, 2004

Golden Gate Tank Removal, Inc.

Page 1 of 1

Fr: 8483.sc.B1-MW1

ATTACHMENT C

DWR REPORT

ATTACHMENT D
WASTE MANIFEST

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

JOHN SCARLOT
3550 El Dorado Court
Gilroy, CA 95020-9419

A. State Manifest Document Number

24548175

4. Generator's Phone

408 842-9713

B. State Generator's ID

5. Transporter 1 Company Name

CLEARWATER ENVIRONMENTAL

6. US EPA ID Number

CAR0000007013

C. State Transporter's ID (Reserved)

D. Transporter's Phone

(510) 476-1740

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID (Reserved)

F. Transporter's Phone

9. Designated Facility Name and Site Address

ALVISO INDEPENDENT OIL
5002 ARCHER STREET
ALVISO CA 95002

10. US EPA ID Number

CAL0000161743

G. State Facility's ID

H. Facility's Phone

(510) 476-1740

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

(OILY DEBRIS) NON RCRA HAZARDOUS
WASTE LIQUID waste solid

12. Containers
No. Type

001 II

13. Total
Quantity

00300 GP

14. Unit
Wt/Vol

I. Waste Number

State 352
EPA/Other N/A

b.

c.

d.

12. Additional Descriptions for Materials Listed Above

HA

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR PPE 24 HOUR EMERGENCY KIRK HAYWARD 510-476-1740

ERG # 171

CG-2 PROJECT NO. 3423: SEE: 218-220 CANTON ST., S.F.
08-09-06-002

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Shawn O'Bryan

Signature

[Signature]

Month Day Year
08 09 06

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

DAVID MORRISON

Signature

[Signature]

Month Day Year
08 09 06

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

DO NOT WRITE BELOW THIS LINE.